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DEPARTMENT OF INSURANCE

FILED

APR 1 1997

DEPT. OF INSURANCE BY

In the Matter of:) Docket No. 97A-068
FHP, INC. NAIC #96083)) CONSEN'I' ORDER)
Respondent	Ś

Examiners for the Arizona Department of Insurance ("the Department") have conducted a market conduct examination of FHP, Inc. ("FHP"), also referred to as "Respondent", covering the time period from August 1, 1991 to July 31, 1994. Based upon the examination results, it is alleged that FHP has violated the provisions of A.R.S. §§ 20-461, 20-462, 20-2104, 20-2110 and A.A.C. R20-6-801. FHP wishes to resolve this matter without formal adjudicative proceedings and hereby agrees to a Consent Order.

STATE OF ARIZONA

The Director of Insurance of the State of Arizona ("the Director") enters the following Findings of Fact, Conclusions of Law and the following Order.

FINDINGS OF FACT

- 1. EHP is authorized as a Health Care Services Organization (HCSO) pursuant to a Certificate of Authority issued by the Director.
- 2. The Examiners were authorized by the Director conduct a market conduct examination of FHP. The on-site examination was completed on September 30, 1994.

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COMMERCIAL POLICIES

- 3. The Examiners reviewed 67 (5%) of 1,342 declined commercial (Company business other than Medicare Risk) applications. Of the files reviewed:
- a. FHP failed to disclose in 67 (100%) declination notices that applicants had a right to access and correct information gathered during the underwriting process.
- b. FHP failed to provide the summary of rights to 49 (73%) declined applicants and further failed to provide the specific reason for the declination to 34 (51%) applicants.
- 4. The Examiners reviewed 26 (1%) of 2,475 issued commercial contracts. Of the files reviewed:
- a. FHP failed in 26 (100%) issued applications to disclose to the applicant that they had a right to access and correct personal information collected by FHP and which may, in certain circumstances, be disclosed to third parties without the specific authorization of the insured.
- b. FHP failed on three (11.5%) issued applications which were initially declined to give the applicants the specific reason for the declination or provide the summary of rights.
- 5. The Examiners reviewed 20 (100%) of 20 rescinded commercial policies. Of the files reviewed:
- a. FHP failed to provide to 20 applicants (100%) the summary of rights.
- b. FHP failed in eight instances (40%) to give the applicant the specific reason for the rescission.

- 6. The Examiners reviewed 67 of 67 (100%) commercial complaints received by the Department. Of the files reviewed, FHP failed to pay interest on two (3%) claims not paid within 30 days of receipt of an acceptable proof of loss.
- 7. The Examiners reviewed 80 (18.8%) of 425 company received commercial grievances and appeals. Of the files reviewed:
- a. FHP failed to respond to three (3.7%) grievances within ten working days of receipt.
- b. FHP failed to adequately investigate 27 (60%) of 45 reviewed emergency rooms claims before issuing a denial.
- 8. The Examiners reviewed 249 (.003%) of approximately 66,000 commercial contract health denied claims. The majority of FHP's contracts provide for payment or denial of claims within 45 calendar days, but a small amount of provider contracts call for payment or denial within 60 calendar days. Of these 45 calendar day contract files reviewed, FHP failed to deny 19 claims (7.6%) within 45 working days of receipt of properly executed proofs of loss.
- 9. The Examiners reviewed 957 (.05%) of over 2,000,000 commercial contract health paid claims. Of the files reviewed:
- a. FHP failed to pay 33 claims (3.4%) pursuant to the contract provisions to pay claims within 45 calendar days.
- b. FHP failed to pay interest to claimants on 33 claims (3.4%) which were not paid in accordance with the contract that FHP had with its providers.
- 10. The Examiners reviewed 170 (.1%) of approximately 15,000 commercial noncontract denied health claims. Of the

files reviewed, FHP failed to deny 95 claims (55.9%) within 15 working days.

- 11. The Examiners reviewed 246 (.41%) of approximately 60,000 commercial noncontract paid health claims. Of the files reviewed:
- a. FHP failed to adjudicate 54 claims (21.95%) within 30 working days.
- b. FHP failed to pay interest on 54 claims (21.95%) which were not paid within 30 working days after properly executed proofs of loss were received by FHP.

MEDICARE RISK POLICIES

- 12. FHP in its processing of Medicare Risk claims failed to properly investigate emergency room and ambulance claims based upon all available information prior to denying coverage for the claims.
- 13. The Examiners reviewed 206 (.23%) of approximately 88,000 Medicare Risk contract health denied claims. The majority of FHP's contracts provide for payment or denial of claims within 45 calendar days, but a small amount of provider contracts call for payment or denial within 60 calendar days. Of these 45 calendar day contract files reviewed, FHP failed to deny 10 claims (4.9%) within 45 working days of receipt of properly executed proofs of loss.
- 14. The Examiners reviewed 735 (.07%) of approximately 1,000,000 Medicare Risk contract health paid claims. Of the files reviewed, FHP failed to pay 19 claims (2.5%) pursuant to the contract provisions, to pay claims within 45 calendar days.

. . . .

- 15. The Examiners reviewed 231 (.6%) of approximately 36,000 Medicare Risk non-contract health denied claims. Of the files reviewed, FHP failed to accept or deny 105 claims (45.5%) in compliance with Arizona Administrative Rules.
- 16. The Examiners reviewed 132 (.2%) of approximately 70,000 Medicare Risk non-contract health paid claims. Of the files reviewed, FHP failed to accept or deny 45 claims (34.9%) in compliance with Arizona Administrative Rules.

CONCLUSIONS OF LAW

- 1. By failing to disclose that applicants had the right of access to and correction of information gathered during the underwriting process, FHP violated A.R.S. § 20-2104.
- 2. By failing to provide to declined applicants the specific reason for an adverse underwriting decision or policy rescission, and the required summary of rights, FHP violated $\Lambda.R.S.$ § 20-2110(Λ).
- 3. By failing to respond to grievances, appeals commercial consumer complaints filed by consumers within ten working days of receipt, FHP violated A.A.C. R20-6-801(E)(3) and A.R.S. § 20-461(A)(2).
- 4. By denying commerical emergency room, and Medicare Risk emergency room and ambulance claims without conducting a reasonable investigation based upon all available information, FHP violated A.R.S. § 20-461(A)(4).
- 5. By failing to accept or deny claims within the contractually agreed timeframe or noncontract guidelines for HCSOs of properly executed proofs of loss, FHP violated A.A.C. R20-6-801(G)(1)(a) and A.R.S. § 20-461(A)(5).

- 6. By failing to send the notice of additional information needed on non-contract denied claims and by failing to adjudicate non-contract paid claims within 30 working days, FHP violated A.R.S. § 20-461(A)(2) and A.A.C R20-6-801 (G)(1)(a).
- 7. By failing to pay interest on claims which were not paid within 30 days after receipt of acceptable proofs of loss which contained all information necessary for claim adjudication or in accordance with contractual agreements, FHP violated A.R.S. § 20-462(A).
- 8. Grounds exist for the entry of all provisions of the following Order.

ORDER

IT IS ORDERED THAT:

- 1. FHP shall cease and desist from:
- a. failing to disclose to applicants their rights regarding access to and correction of information gathered during the underwriting process;
- b. failing to provide a summary of rights or specific reasons for the adverse underwriting decision;
- c. failing to respond to grievances, appeals and complaints received from consumers, which reasonably suggests that a response is expected, within ten working days of receipt;
- d. denying emergency room and ambulance claims without conducting a prompt and reasonable investigation based upon all available information;
- e. failing to notify first party claimants of the acceptance or denial of their claims within 15 working days or

within the time period specified by contract after the receipt of properly executed proofs of loss;

- f. failing to send the notice of additional information needed on non-contract denied claims;
- g. from failing to complete the investigation of non-contract paid claims within 30 working days after notification of claim, unless such investigation cannot be reasonably be completed within such time;
- h. failing to pay interest to insureds on claims not paid within 30 days after the receipt of an acceptable proof of loss which contains all information necessary for claim payment;
- 2. Within 90 days of the filed date of this Order, FHP shall submit written action plans to the Director to ensure compliance with Arizona Statutes and Administrative Rules; specifically, as to the issues listed in Item 1a through 1h above.
- 3. Within 90 days of the filed date of this Order, FHP shall review its individual applications and other documents given to applicants to determine if these materials inform the applicant of any and all costs which could be incurred by the applicant during the underwriting process. FHP shall amend these materials, as necessary, and submit the materials to the Department for review and approval, as required by Arizona Statutes or Administrative Rules.
- 4. FHP shall pay interest to the non-capitated claimants listed in Exhibit 12, Exhibit 15 and page 21 of the Report of Examination, attached hereto and made a part hereof. FHP shall review all claims listed on both the Exhibits and page 21 and

inform the Department whether the claim is a capitated or noncapitated claim. Interest shall be calculated at the rate of ten percent per annum, in accordance with A.R.S. § 44-1201, from the date that each claim was filed until the date of payment by FHP. All interest payments shall be accompanied by a letter acceptable to the Director. A list of payments, giving the name and address of each party paid, the claim amount on which the interest was calculated, the amount of interest paid, and the date of payment, shall be furnished to the Market Conduct Examination Division of the Department within 90 days of the filed date of this Order.

- 5. The Department shall be permitted, through an authorized representative, to verify that FHP has complied with all provisions of this Order. The Director may separately order FHP to comply with this Order.
- 6. FHP shall pay a Civil Penalty of FORTY-EIGHT THOUSAND DOLLARS (\$48,000.00) to the Director for remission to the State Treasurer for deposit in the State General Fund. Said amount shall be provided to the Market Conduct Examinations Division of the Department on or before the entry of this Order.

7. The Report of Market Conduct Examination as of September 30, 1994, and the response to the Report submitted by FHP, shall be filed with the Department upon acceptance by the Director of this Consent Order.

DATED at Phoenix, Arizona this 28 day of March, 1997.

John A. Greene Director of Insurance

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CONSENT TO ORDER

- 1. Respondent FHP, Inc. has reviewed the attached Consent Order.
- 2. Respondent is aware of its right to a hearing at which hearing it may be represented by counsel, present evidence and cross-examine witnesses. Respondent has irrevocably waived its right both to demand a public hearing and to seek judicial review of this Order.
- 3. Respondent admits the jurisdiction of the Director of Insurance, State of Arizona, and consents to the entry of this Consent Order.
- 4. Respondent neither admits or denies the violations alleged in this Consent Order.
- 5. Respondent states that no promise of any kind or nature whatsoever was made to it to induce it to enter into this Order and that it has entered into this Order voluntarily.
- 6. Respondent acknowledges that the acceptance of this Order by the Director of Insurance, State of Arizona, is solely to settle this matter against it and does not preclude any other agency or officer of this state or subdivision thereof from instituting other civil or criminal proceedings as may be appropriate now, or in the future.

of Misiland of FHP, Inc., is authorized to enter into this Order for and on its behalf.

FHP, INC.

(Date)

By I Sindstrom / SKS

COPY of the foregoing mailed/delivered 1 , 1997, to: this day of April lst 2 Charles R. Cohen Deputy Director 3 Gregory Y. Harris Executive Assistant Director 4 Erin H. Klug Chief Market Conduct Examiner 5 Market Conduct Examinations Division Mary Butterfield 6 Assistant Director Life & Health Division 7 Deloris E. Williamson Assistant Director 8 Rates & Regulations Division Gary Torticill 9 Assistant Director and Chief Financial Examiner Corporate & Financial Affairs Division 10 Cathy O'Neil Assistant Director 11 Consumer Services Division John Gagne 12 Assistant Director Investigations Division 13 Terry Cooper Fraud Unit Chief 14 DEPARTMENT OF INSURANCE 15 2910 North 44th Street, Suite 210 Phoenix, AZ 85018 16 Steve Lindstrom, President 17 FHP, Inc. c/o S. David Childers, Esq. 18 Low and Childers, Attorneys at Law 2999 North 44th Street, Suite 250 19 Phoenix, AZ 85018 20 Curry Button 21 22 23

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The following claims were not paid within 30 working days rom the date of receipt which is a violation of the Circular etter Number 93-1 and interest was not paid on the benefit rount which is a violation of A.R.S. § 20-462(A) as previously ited:

olicy umber	Claim <u>Number</u>	Date Claim Received <u>By FHP</u>	Date Paid By FHP	Number of Working <u>Days</u>	Interest Due
21907684	92212107300	07-31-92	10-29-92	63	\$11.56
20838786	10023590300	05-03-93	07-01-93	42	3.01

GRIEVANCES AND APPEALS

FHP defines a grievance as being "A complaint which does not initially involve a determination of payment of services such as quality of, receipt and timeliness of service."

An appeal is defined as "A formal complaint about payment or sonpayment or denial of service."

For purposes of this examination, the Examiners did not distinguish between grievances and appeals and will address all as grievances.

FHP's grievance procedure allows members a formal process

for resolution of grievances not able to be resolved informally.

The grievance procedure is as follows:

1. The member should submit a written account of the grievance to the Member Services Department with necessary supporting information.

FHP, INC
CONTRACTED PAID CLAIMS

VIOLATIONS OF GUIDELINES OF CIRCULAR LETTER NO. 93-1 AND A.R.S.

20-462(A)

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CLAIM NUMBER	DATE COMPANY RECEIVED CLAIM	DATE COMPANY PAID CLAIM	NUMBER OF CALENDAR DAYS	INTEREST DUE
50257134600	8/06/93	1/06/94	102	\$ 10.10
	1/12/94	3/30/94	54	1.70
10058493800	11/22/93	1/24/94	39	3.90
10057868400	7/13/93	9/19/93	68	11.16
10033395300	5/24/93	7/26/93	63	22.09
10031996800	2/25/93	4/20/93	54	.27
10013430200	4/22/93	6/10/93	49	.70
10022183900	1/04/93	3/24/93	79	.46
50207197000	3/31/94	6/09/93	70	4.59
50313249301	3/12/93	6/11/93	91	2.24
50220040500	6/21/91	9/30/91	101	3.93
91172064700	11/25/92	1/21/93	57	34.25
92330024000	1/04/93	2/19/93	46	4.23
93004311400	2/04/93	3/30/93	54	.60
10016785300		3/23/93	95	2.24
93014222400	12/28/92	2/22/93	75	230.14
92344131000	12/09/92	11/09/92	47	.49
92267161600	9/23/92	12/09/92	50	4.52
92294041600	10/20/92	8/14/92	50	.66
92177082300	6/25/92	1/06/93	47	.62
92339090700	11/20/92	5/27/92	82	22.47
92066050001	3/06/92		52	.44
92084050100	3/24/92	5/15/92	71	1.36
92008015900	1/08/92	3/19/92	49	1.13
91301094700	10/28/91	12/16/91	152	2.95
91184055000	7/03/91	12/02/91	103	72.81
91227001400	8/15/91	11/26/91	71	4.86
91184060600	7/03/91	9/12/91		6.25
91247020900	9/04/91	11/19/91	76	4.67
91204037900	7/23/91	10/02/91	71	3.00
91221067000	9/09/91	10/29/91	81	31.16
10012119300	2/17/93	4/08/93	50	
10016911401	3/23/93	6/07/93	76	.83
10014146900	3/03/93	4/20/93	48	.94
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FHP, INC

NONCONTRACTED PAID CLAIMS

VIOLATIONS OF GUIDELINES OF CIRCULAR LETTER NO. 93-1 AND A.R.S. § 20-462(A)

CLAIM NUMBER	DATE COMPANY RECEIVED CLAIM	DATE COMPANY PAID CLAIM	NUMBER OF DAYS WORK CAL	INTEREST DUE
	1/18/93 2/16/93 12/09/92 9/30/91 5/28/93 3/17/93 12/21/92 1/20/94 12/10/93 11/15/93 1/04/93 2/04/93 2/04/93 2/17/93 2/03/93 9/09/91 11/25/91 9/05/91 2/12/92 2/06/92 1/17/92 9/30/91 2/04/92 11/15/91 11/18/91 11/13/91 8/20/91 8/26/92 10/09/92 10/13/92 10/05/92 11/17/92 4/10/92 5/01/92 10/28/92 10/28/92 3/03/93	3/30/93 7/08/93 2/17/93 12/12/91 9/07/93 5/24/93 3/18/93 3/21/94 2/05/94 1/31/94 3/10/93 4/20/93 6/15/93 4/26/93 3/25/93 12/10/91 1/28/92 11/11/91 4/07/92 4/03/92 11/15/92 1/15/92 1/08/92 1/10/92 1/15/92 1/08/92 1/10/92 1/15/92 1/12/93 7/06/92 6/19/93 5/29/92 4/13/92 4/15/93	TAL T1 101 T1 102 T3 T3 T3 T3 T3 T3 T3 T3 T3 T	\$ 4.30 9.22 2.22 1.10 10.06 8.89 7.22 .06 4.89 1.72 1.38 .77 2.40 1,166.62 12.07 .16 7.89 3.02 17.69 1.62 1.49 .51 3.86 .35 6.31 .39 2.50 2.70 10.67 11.22 9.66 .38 2.72 .43 8.38 .40 16.46 .88
93026014101 92293101500	1/26/93 10/19/92	3/29/93 3/15/93 3/11/93	44 62 98 151 34 48	39.70 2.67
93022033200	1/22/93	5/ 11/ 25	EXHIBIT 15	PAGE 1

CLAIM NUMBER	DATE COMPANY RECEIVED CLAIM	DATE COMPANY PAID CLAIM	NUMBER OF DAYS WORK CAL	INTEREST DUE
92363218900	12/28/92	2/25/93	41 62	2.06
92352040900	12/17/92	2/16/93	39 61	.22
92344123001	12/09/92	2/03/93	36 56	.41
92338022500	12/03/92	1/22/93	32 50	28.08
91226016700	8/14/91	10/10/91	40 57	.78
91231060800	8/19/91	10/09/91	36 61	.46
91225051300	8/13/91	10/16/91	44 64	6.59
91179023700	6/28/91	9/09/91	49 73	19.50
91227036301	8/15/91	10/09/91	38 55	1.04
91169075000	6/18/91	8/15/91	41 58	19.35
91183002400	7/02/91	8/16/91	32 45	.84
91176088500	6/25/91	8/12/91	33 48	5.59
91175020400	6/24/91	9/17/91	60 86	32.48